



## Colorado Indigent Care Program Client Copayment Table

| CICP Rating | Percent of Federal Poverty Level | Copayment Category |                                      |                   |   |                    |
|-------------|----------------------------------|--------------------|--------------------------------------|-------------------|---|--------------------|
|             |                                  | Inpatient Facility | Inpatient & Emergency Room Physician | Outpatient Clinic | Hospital Emergency Room, Specialty Outpatient Clinic & Emergency Transportation | Prescription & Lab |
| *N          | 40%                              | \$15               | \$7                                  | \$7               | \$15  | \$5                |
| A           | 62%                              | \$65               | \$35                                 | \$15              | \$25  | \$10               |
| B           | 81%                              | \$105              | \$55                                 | \$15              | \$25  | \$10               |
| C           | 100%                             | \$155              | \$80                                 | \$20              | \$30  | \$15               |
| D           | 117%                             | \$220              | \$110                                | \$20              | \$30  | \$15               |
| E           | 133%                             | \$300              | \$150                                | \$25              | \$35  | \$20               |
| F           | 159%                             | \$390              | \$195                                | \$25              | \$35  | \$20               |
| G           | 185%                             | \$535              | \$270                                | \$35              | \$45  | \$30               |
| H           | 200%                             | \$600              | \$300                                | \$35              | \$45  | \$30               |
| I           | 250%                             | \$630              | \$315                                | \$40              | \$50  | \$35               |
| **Z         | 40%                              | \$0                | \$0                                  | \$0               | \$0   | \$0                |

\* Clients with an “N” CICP rating have an annual copayment cap of \$120.

\*\* Homeless clients with a “Z” CICP rating are exempt from CICP copayments.

Explanation of medical services received by CICP clients and the applicable copayment:

1. The **Hospital Inpatient Facility** copayment is required for charges related to non-physician (facility) services incurred while receiving care in a hospital for a continuous stay of 24 hours or longer.
2. The **Inpatient Physician** copayment is required for charges related to services provided directly by the physician in the hospital setting, including emergency room care.
3. The **Hospital Outpatient** copayment is required for charges related to non-physician (facility) services incurred while receiving care in the hospital setting for a continuous stay of less than 24 hours, including the **Emergency Room**.
4. The **Outpatient Clinic** copayment is required for charges related to non-physician (facility) **and** physician services received in the outpatient clinic setting. This includes charges for primary and preventive medical care. Does not include charges for outpatient services provided in a hospital (i.e., emergency room care, outpatient surgery, radiology).
5. The **Specialty Outpatient Clinic** copayment is required for charges related to non-physician (facility) **and** physician services received in the specialty outpatient clinic setting, but does not include charges for outpatient services provided in the hospital setting (i.e., emergency room care, ambulatory surgery). Specialty outpatient charges include distinctive medical care (i.e., oncology, orthopedics, hematology, pulmonary) that is not normally available as primary and preventative medical care.
6. The **Prescription** copayment is required for prescription drugs received at a qualified CICP health care provider's pharmacy.
7. The **Laboratory Services** copayment is required for charges related to laboratory tests received by the client that are not associated with an inpatient facility or hospital outpatient charge during the same period.
8. **Ambulatory Surgery** charges are related to services for operative procedures received by a client who is admitted to and discharged from the hospital setting on the same day. The client is responsible for the corresponding **Hospital Inpatient Facility** copayment for the non-physician services **and** the **Inpatient Physician** copayment for the physician services.
9. Clients receiving a Magnetic Resonance Imaging (MRI), Computed Tomography (CT), Positron Emission Tomography (PET), or other Nuclear Medicine services are responsible for the **Hospital Inpatient Facility** copayment **in addition** to the **Emergency Room/Outpatient Specialty** copayment.
10. Clients receiving emergency transportation/ambulance services from CICP providers approved to discount such services are responsible for the **Emergency Transportation** copayment.